

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/854337

P/2167-241

## CLAIMS AS FILED - PART I

|                                  | (Column 1)    | (Column 2)               |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 30            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 30 minus 20 = | 10                       |
| INDEPENDENT CLAIMS               | 9 minus 3 =   | 6                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    |        | OR | X\$18=    | 1,200  |
| X40=      |        | OR | X80=      | 4,800  |
| +135=     |        | OR | +270=     |        |
| TOTAL     |        | OR | TOTAL     | 1,200  |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 30                               | Minus                              | =                        |
| Independent                                    | 9                                | Minus                              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  |                                  | Minus                              | =                        |
| Independent                                    |                                  | Minus                              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  |                                  | Minus                              | =                        |
| Independent                                    |                                  | Minus                              | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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